

CONTRACT AWARD NUMBER # _____

CONTRACT PERIOD _____ THROUGH _____

CONTRACT NAME _____

AND AS EXTENDED _____

CON-32A REV. 6/02

STATE OF CONNECTICUT

DEPARTMENT OF TRANSPORTATION

CERTIFICATE OF INSURANCE

This is to certify that the Insurance Company named herein has issued to the named insured the policies listed below, that these policies are written in accordance with the Insurance Company's standard policies and endorsements, except as indicated below or as noted in the attachments hereto, which policies and endorsements will be made available to the Department of Transportation upon request, that they provide coverages and limits of liability shown with respect to the hazards indicated, that they are in force on this date, and that this certificate is furnished in accordance with and for the purpose of satisfying the requirements of the Department of Transportation in connection with the award and the performance of any contract or agreement, or the issuance of any permit or authorization by the Transportation Commissioner or duly authorized agent. The Insurance Company agrees to investigate and defend the insured against all claims for damages, even if groundless.

NAME OF INSURED _____

ADDRESS _____

CITY _____

STATE _____

HAZARDS	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	COVERAGES AND LIMITS OF LIABILITY BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY	
				ALL PERSON/ALL DAMAGES EACH ACCIDENT or OCCURRENCE	AGGREGATE
A OWNER'S AND CONTRACTORS PROTECTIVE LIABILITY FOR AND IN THE NAME OF THE STATE OF CONN. SEE(1), (2) BELOW					
B * COMMERCIAL GENERAL LIABILITY SEE (1) BELOW					
C *AUTOMOBILE LIABILITY OWNED, HIRED AND NON. OWNED AUTOMOBILES SEE (1) BELOW					
D ** WORKER'S COMPENSATION				STATUTORY COVERAGES AND LIMITS	
E * RAILROAD PROTECTIVE LIABILITY SEE (1), (2) BELOW					
F * EXCESS UMBRELLA LIABILITY SEE (1) BELOW					
G *SEE (1) BELOW					

If excess/umbrella liability insurance is needed to meet the minimum requirements, complete section F above.
* State of Connecticut must be named as additional insured for lines B,C,E,F,(G if specified)
** COMPENSATION COMMISSIONER'S CERTIFICATE SHALL BE SUPPLIED HEREWITH BY SELF-INSURED PARTY.

CHECK _____ This Certificate is issued in accordance with the terms of:

☐ Construction Contracts

☐ Project No.

☐ Service Work (By Purchase Order)

☐ Other Specify & Including all operations incidental thereto

(1) It is agreed that the herein named Insurance Company will not use the defense of sovereign inununity in the adjustment of claims or in the defense of any suit brought against the State unless the Connecticut Department of Transportation Commissioner consents in writing to its doing so.

(2) It is agreed that the Insurance Company will bill premiums and audit charges earned under the protective liability policy(ies) to the above named insured; however, if named insured is different from the vendor or contractor of record, the vendor or contractor of record will be billed.

PARTY FOR NOTICE: BUREAU: FINANCE AND ADMINISTRATION

TITLE: DIV. OF PURCHASING AND MATERIALS MANAGEMENT

IN THE EVENT OF ANY RESTRICTIVE AMENDMENT TO, ANY CHANGE IN, CANCELLATION OF OR FAILURE TO RENEW ANY
ONE OR MORE OF SAID POLICIES THE _____ SHALL

INSURANCE COMPANY

GIVE NOT LESS THAN THIRTY DAYS WRITTEN NOTICE TO THE PARTY FOR NOTICE TO WHOM THIS CERTIFICATE IS ISSUED OF SUCH AMENDMENT, CHANGE, CANCELLATION, OF FAILURE TO RENEW.

DATED THIS _____ DAY OF _____

ISSUED TO: DEPARTMENT OF TRANSPORTATION
PURCHASING DIVISION
PO BOX 317546 2800 BERLIN TPKE.
NEWINGTON, CT 06131-7546

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS (NAIC) NUMBER: _____

(Insurance Company)

(Address)

(Agency)

(Address)

(Authorized Agent's Name &Signature)

IS YOUR INSURANCE COMPANY APPROVED TO WRITE THE ABOVE LINES OF INSURANCE IN THE STATE OF CONNECTICUT?

_____ YES

_____ NO

IF ANSWER IS NO, PLEASE NOTE THE STATE IN WHICH YOU ARE LICENSED AND ARE WRITING THESE LINES: _____